STATE OF VERMONT

HUMAN SERVICES BOARD

In re)	Fair Hearing No. 20,08
)	
Appeal of)	

INTRODUCTION

The petitioner appeals the decision by the Department for Children and Families, Economic Services terminating her coverage under the Vermont Health Access Program (VHAP) for failure to pay the program premium.

FINDINGS OF FACT

- 1. The petitioner does not dispute that she received timely notice from the Department that payment of her monthly VHAP premium was due by November 15, 2005, and that on November 18, 2005 the Department notified her that her VHAP eligibility would end on November 30, 2005 unless she paid her premium by that date.
- 2. The petitioner admits that she did not pay her premium until December 5, 2005, and that the Department reinstated her VHAP effective January 1, 2006.
- 3. The petitioner relies on her son to handle many of her personal affairs. Unfortunately, her son was away in late November and the petitioner did not heed the notices.

There is no dispute that the Department sent the notices to the address that had been designated by the petitioner.

ORDER

The Department's decision is affirmed.

REASONS

In response to a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain the public health care assistance programs, the Department adopted regulations establishing monthly "premiums" to be paid prospectively by VHAP recipients beginning on January 1, 2004. VHAP 4001.91, Bulletin No. 03-17F. Unfortunately, the regulations require that "coverage shall be terminated if an individual does not pay the required program fee by the billing deadline". W.A.M. § 4001.91. In this case there is no dispute that the petitioner did not pay her program fee by the November 30, 2005 deadline and that she was duly and timely notified by the Department of the closure of her benefits as of that date.

The regulations also provide that individuals terminated from VHAP for non-payment of the premium must pay a new

¹ The regulations require the Department to provide 10 calendar days of notice before terminating benefits. See W.A.M. § M141.

premium and reapply for benefits. W.A.M. § 4001.91. The regulations allow the Department up to 30 days to act on any application for benefits. W.A.M. § 4002.2. There is no dispute in this matter that the Department reinstated the petitioner's benefits within 30 days after receiving her late program fee and reapplication—December 5, 2005.

Unfortunately, the regulations make no provision for retroactive reinstatement of coverage after a closure for nonpayment of a premium.

Inasmuch as the Department's decision in this matter was in accord with the pertinent regulations the Board is bound to affirm. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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